MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/580113

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

| <u></u> | | | | | | | LAIM | <u>IS</u> | | | | | | |
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| TOTAL DEP. | 13 | + | | - | | (| τ | OTAL DEP. | | (- | | ← [| | ← |
| TOTAL CLAIMS | 16 | | | | | | | TOTAL CLAIMS | | | | | 798 | |
| PTO - 1360 | (REV. 11/04) | | | | | | | | | | MENT of CO demark Offic | | | · |